

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karoutas, Leann Moccia II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C. (Name of partnership, firm or corporation) P.O. Box 10724 Bedford 03110 Business Address: (Town/City)) 603-860-3682 e-mail senclegg@aol.com III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). ☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client: The Alliance for Solar Choice (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 25, 2018 🗌 July 25, 2018 🛚 IV. Date of Report activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 Reports cover: October 31, 2018 X January 30, 2019 🗌 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the pest of my knowledge and belief. October 18, 2018 (Date) Robert Clegg

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client The Alliance for Solar Choice	Date October 18, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grandwise group of the produced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 9,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>18,000.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$27,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a businesses than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$9,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c). Total of all itemized expenditures reported in detail in section VI	c) \$ 0

d) Total expenses for this reporting period	d) \$ <u>9,000.00</u>
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>18,000.00</u>
f) Total of all expenses year to date	f) \$ <u>27,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
STATULEY	October 18, 2018
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
	blank if Statement is fo The Alliance for		corporation and not related to a
Date of Report (check	one):		
April 25, 2018 □	July 25, 2018 □	October 31, 2018 🗖	January 30, 2019 □
			nd Expenses described above, a umber of Addendum forms bei
_X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
	m that the foregoing in		nt and each Addendum is true a
2	MZ	Octo	ber 18, 2018
(Signature of lobbyist)			(Date)
Debra Vanderbeek			
(Print Name of lobbyis	et)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
•	blank if Statement is for The Alliance for	• • • • • • • • • • • • • • • • • • • •	corporation and not related to	any —
Date of Report (checi	k one):			
April 25, 2018 □	July 25, 2018 □	October 31, 2018	January 30, 2019 □	
			nd Expenses described above, umber of Addendum forms be	
Addendum A	(s).			
/ Addendum Bo	(s).			
Addendum C	(s).			
•	rm that the foregoing in f-my knowledge and be		nt and each Addendum is true	and
	4/1/2/C	Octo	ber 18, 2018	
(Signature of lobbyist)		(Date)	
Periklis Karoutas				
(Print Name of Johbyi	st)	_		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corpor	ration: Legislative Solutions, L.L.C.		
Name of Client (leave blank if Statement is for	r the partnership, firm, or corporation and not related to any		
particular client): The Alliance for S	rticular client): The Alliance for Solar Choice		
Date of Report (check one):			
April 25, 2018 □ July 25, 2018 □	October 31, 2018 💢 January 30, 2019 🗆		
	e Statement of Income and Expenses described above, and t Statement (insert the number of Addendum forms being		
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foregoing inf complete to the best of my knowledge and belify the foregoing information of the best of my knowledge and belify the foregoing information of the best of my knowledge and belify the foregoing information of the best of my knowledge and belify the foregoing information of the best of my knowledge and belify the foregoing information of the best of my knowledge and belify the foregoing information of the best of my knowledge and belify the best of my knowledge and belify the foregoing information of the best of my knowledge and belify the best of my know	Formation on the Statement and each Addendum is true and ef. October 18, 2018 (Date)		
(Signature of 1000y1st)	(Bute)		
Leann Moccia			
(Print Name of lobbyist)			